



Denise Juneau, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.mt.gov
ATTN: Educator Licensure

Request for a Duplicate License

USE THIS FORM TO

Request a Duplicate License

Please update any outdated information.

SECTION I: Educator Information

Last Name	First Name	Middle Name
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Name as you wish it to appear on your license:

Mailing Address (Street, RFD, PO Box)	City	State	ZIP
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Folio No.	Last 4 Digits of SSN.	Date of Birth	Home or Cell Phone	Work Phone
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SECTION II: Fee

☐ Send a new license. The required licensing fee of \$6.00 per license is enclosed.

SECTION III: Signature

Signature	Date
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